

GIFT

VOL. IV

NO. 9

# THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

Incorporating  
THE LOS ANGELES JOURNAL OF ECLECTIC MEDICINE  
AND THE CALIFORNIA MEDICAL JOURNAL

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O. C. WELBOURN, A. M., M. D., Editor

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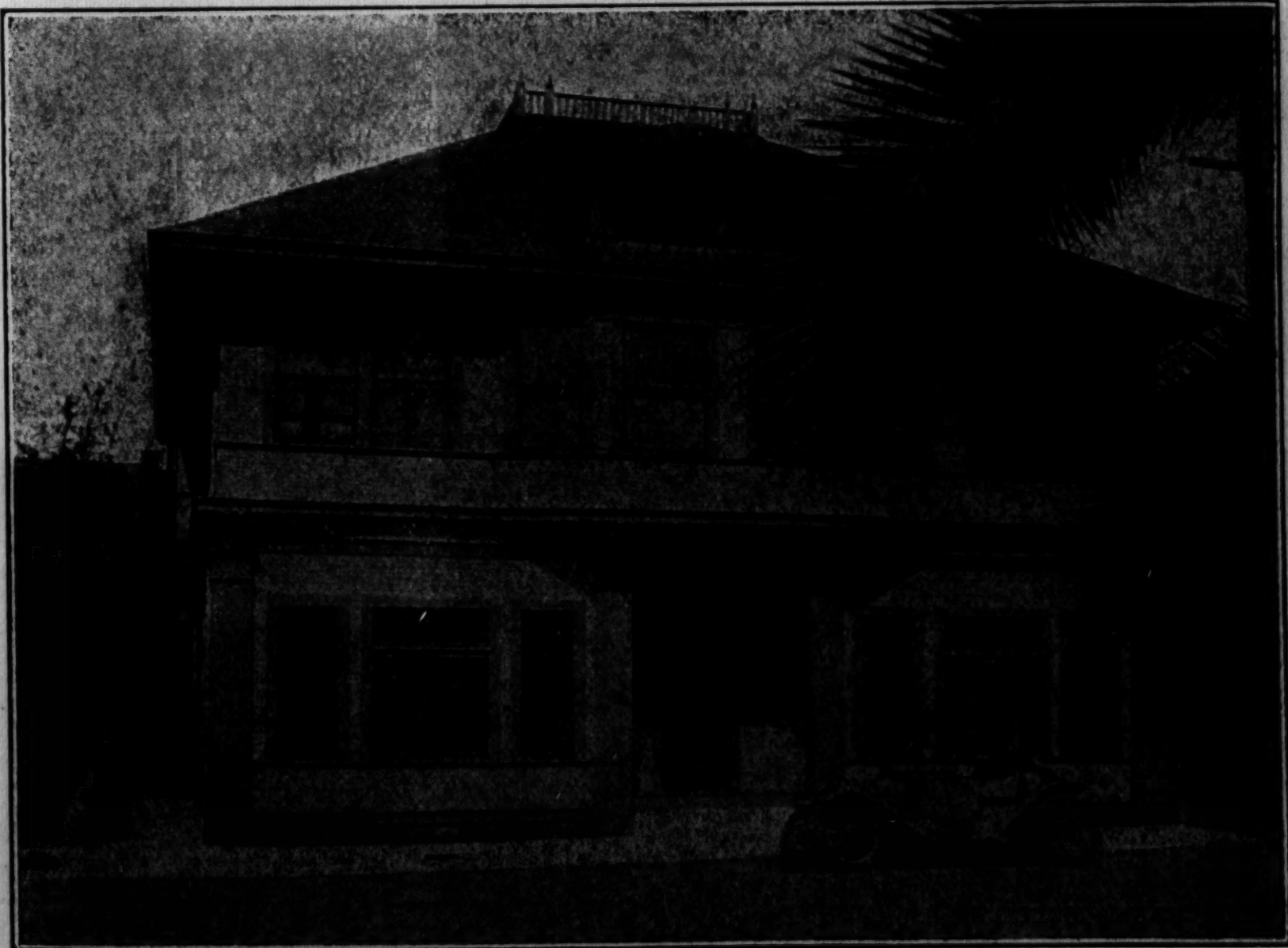
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- Modern Physio-Therapy.** By Otto Juettner, M.D. Third edition. 8vo, 513 pp. Fully illustrated. Cloth, \$4.00. 1909.
- Diseases of Children.** By W. N. Mundy, M.D. 8vo. Over 500 pages, fully illustrated. \$3.00. 1908.
- The Eclectic Practice of Medicine.** By Rolla L. Thomas, M.D. 8vo, 1033 pages, fully illustrated in colors and black. Second edition. Cloth, \$6.00; sheep, \$7.00; postpaid. 1908.
- Essentials of Medical Gynecology.** By A. F. Stephens, M.D. 12mo, 428 pages, fully illustrated. Cloth, \$3.00, postpaid. 1907.
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The various Eclectic publishers have decided to offer special club rates to March 1, 1909. If you are not familiar with any of these journals, a sample copy can be obtained on request.

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Amer. Med. Jour., 5255 Page Ave., St. Louis, Co.	\$1.00	\$ .85
Cal. Ec. Med. Jour., 818 Security Bldg, Los Angeles	1.00	1.00
Eclectic Med. Gleaner, 224 Court St., Cinti, O.	1.25	1.00
Eclectic Med. Journal, 1009 Plum St., Cinti., O.	1.75	1.50
Eclectic Review, 140 W. 71st St., New York, N. Y.	1.00	.85
Ellingwood's Therapist, 100 State St., Chicago	1.00	.85
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# The California Eclectic Medical Journal

Vol. IV

SEPTEMBER, 1911.

NO. 9

## Original Contributions

### REVIEW OF SYMPOSIUM ON SYPHILIS.

A. M. Duncan, M. D., Los Angeles.

Read before the Los Angeles County Eclectic Medical Society.

During the recent meeting of the American Medical Association in Los Angeles, the section on the Practice of Medicine devoted the whole afternoon of June 28th to a symposium on syphilis.

The initial paper on "Laboratory Diagnosis of Syphilis" by L. S. Schmitt of San Francisco discussed serum diagnosis showing it to be based on the principle that in infectious diseases there is a definite relation between the antibodies in the patient's serum and the antigen (microorganisms, etc.) which formed them. Many investigators in various ways have applied this principle in syphilis but at present only the Wasserman Method or Noguchi's Modification is much employed. So this reaction is positive in primary, secondary and hereditary cases, in nearly all cases, and in the majority of other forms of the disease, its value was almost universally recognized. It has been demonstrated that during active treatment this reaction often shows negative and later positive, and therefore the necessity of repeated tests for a year or more before a cure could be assured. *Spirochaeta pallida*, the alleged cause of the disease, received little attention in this or other papers, the chief reliance for diagnosis being placed on the history, symptoms and serum reaction.

"Visceral Syphilis", by Frank Billings of Chicago, treated of tertiary manifestations, plain and masked symptoms and treatment, especially by Mercury, iodides and salvarsan.

"Value of the Wasserman Reaction and Salvarsan", by Albert Keidel of Baltimore presented the writer's large experience with Salvarsan tested by serum reaction and his conclusions which were favorable as were those of E. C. Ballenger, of Atlanta, in his paper on "Salvarsan".

D. W. Montgomery of San Francisco in the "Disadvantages Incident to the Administration of Salvarsan", called at-



tention to some of the bad effects on the eyes, ears and nervous system and indicated certain classes of cases in which this new remedy so rich in arsenic was contra-indicated and should be used with discretion.

In the paper entitled the "Adequate Treatment of Syphilis," by W. T. Wooton of Hot Springs, the statements were clear cut and the treatment advised heroic enough for a "Forty Niner." The author asserted that if cases were adequately treated in the primary and secondary stages there would be no tertiary manifestations and such occurrences were proof of inadequate treatment. Mercury was the one curative agent, the iodides in 10 to 20 grains assisted mercury to do its work but never cured alone. The spirochaeta pallida was inactive in the presence of full doses properly administered and if persisted in would cure. He preferred mercurial ointment in 30 to 60 grains daily, or if needed, an ounce or more until physiologic effects were produced, then a rest and resume treatment to the point of saturation and so on for a year or more.

As outlined in this brief review it will be noted that the emphasis in this symposium was on treatment and in the discussion which followed it was still more pronounced. The appropriate management and treatment of the patient himself was taken for granted but the eradication of the cause and relief of effects of the disease brought out the experience and conclusions of many noted authorities in syphilology.

The consensus of opinion seemed to be that Salvarsan, No. "606", is a most valuable remedy to cause the disappearance of most of the acute and chronic symptoms of syphilis but that it alone cannot yet be relied on as a cure and is not without danger to the patient.

The iodides are still extensively used, but not so heroically as of yore. Mercury still holds first place as shown in this symposium.

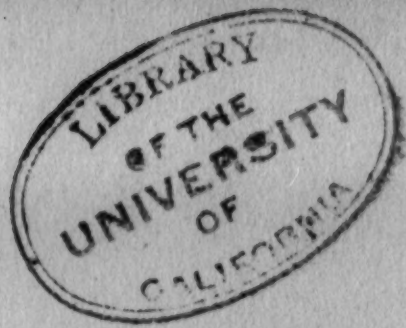
### **THE WHITE PLAGUE OR CONSUMPTION.**

**C. L. Murray, M. D., Sacramento, Cal.**

Read before the California State Eclectic Medical Society.

National and International Congresses have met to consider the nature of, and devise means by which to stamp out the so called White Plague. There is no difference of opinion among men regarding its alarming increase and its deadly work upon the human race, but there is a wide diversity of opinion among equally learned and scientific men, first, as to





the cause and nature of the disease, and secondly, as to the most effective means by which to prevent and destroy its ravages.

Dr. Koch attending the International convention held in Washington put himself on record by asserting that "consumption was one of the most contagious diseases in the world known to the medical profession", that it was both "contagious and infectious." This declaration was endorsed by the congress of doctors in Washington at that time and is now accepted and acted upon as the final word. With all due respect to Dr. Koch as a scientific investigator and the endorsement of the congress of doctors his declaration has no truth in it, as regards contagion and the method of isolation he recommended till the bacilla have been destroyed is impracticable, impossible, unscientific and based on a misapprehension and perversion of universally known facts. Efforts political and medical have been exploited till the civilized world is a bacilla slaughter-house, and in this politico-medical splurge consumption is on the increase. If consumption is contagious then its law of contagion must be the same under all circumstances as that which characterizes and is peculiar to contagious diseases as such. Small-pox and measles are contagious diseases and accepted as such everywhere. A contagious disease is one that attacks the healthy and at times takes the form of epidemic. Whoever heard of consumption being classed as epidemic? Small-pox is a typical contagious disease and frequently takes the form of epidemic and has been a very active factor in wiping out the Indian race.

If consumption is contagious acting under the same law as accepted contagious diseases the earth would have been depopulated long since. Why? because of its universality. It is estimated that one seventh of the world's mortality is due to this malady, not excluding those killed by war, earthquakes, fires, flood and famine. Think of one out of every seven who die, being in the midst of society, in our public schools, in our churches, in public gatherings by the thousands, in street cars and in railroad travel, unprotected, with a disease as contagious as Small-pox and as consumption is pronounced to be one of the most contagious diseases known to the medical profession then it must be as dreadful in its results as Small-pox. What could be the object of a declaration so preposterously absurd is impossible to conceive. True science builds its theory on a foundation of facts and not on imagination, otherwise it is scientific rot.



Again: Is the death rate in California the result in any sense of contagion from consumptive victims? No professional man or layman who has any regard for the truth can look his fellow man in the face and make such affirmation.

Persons afflicted with the malady have come to California hoping to be benefited by the climate. They have died. Contagion had nothing to do with their condition from whence they came. It was the way they were born. **A word on fection.** Infection demands its own conditions, constitutional weakness, a lack of resisting power and bad environments rendering the person susceptible to invasion. Every bacteriologist knows that the mere presence of bacilla is not sufficient to base a diagnosis upon, without corroborative evidence. Every man, woman and child has bacilla and various forms of bacteria lurking in the throat, mouth and in the nasal passages and mucous membranes.

To quote from high authority, not a thousandth of an inch of our body surface which does not swarm with innumerable bacteria, and that the intestines contain billions and billions of microbes and without them we could not exist. To any one who thinks philosophically and has any conception of the universe would suppose such to be the case without the use even of a microscope. Creation is a system of life and the microscope discloses its millions of wonders on the one hand while the telescope on the other discovers an infinity of worlds each not only governed by its own laws but related by its influence to the destiny of every other world.

Those millions of bacteria are built on the same principle and have their own laws of influence of health and growth subject to perversion and morbidity as other things that have life. They have their food like everything else in the realm of nature upon which to subsist. They feed upon each other and upon tissues and multiply in proportion as tissues are diseased. They are then capable of carrying the infection to, and the destruction of the body upon which they had to subsist. If bacteria and millions of microbes are present in all persons regardless of their age, environments or physical health whom will you isolate? The poor victim who has been born with the susceptibility to disease? He is simply a victim of antecedent forces over which he had no control. His vital tenacity under the best conditions could carry him but a limited number of years. To isolate him on Koch's theory of contagion is as reasonable as to isolate a man because he was born with a club foot. You not only do him a wrong but society is injured in that unborn generations have nothing to hope for. On the theory of contagion



Legislation overlooks antecedent causes and being blinded as to the work demanded by actual conditions becomes the pliant tool of designing medico-politicians.

There is a great work awaiting legislation, a greater work than has ever been attempted both for the individual and for the well-being of society. The fact that a man is a consumptive is a starting point for investigation. What are his antecedents? What kind of father or mother? What were their temperament. Their physiological relation to each other? What diseases afflicted their ancestors back three generations? How did they live and upon what did they feed? What were their vocations? Then what were his environments and where was he born? How was he nurtured and what atmosphere surrounded him in the day and what kind of air did he breathe in the night? Was he a worker in-doors, or out of doors? What kind of food did he crave and what kind of food did he reject? At what age did his consumption begin to manifest itself? Was there a noticeable change demanded in his dietary after the disease had manifested itself? By these investigations we get a scientific basis upon which to build.

We know that back of him there are conditions that become active factors in fixing upon him this dreadful malady and wherever these factors are allowed to exist the disease will keep pace with the increase of the human race.

Legislation has done something and is striving to do more to provide for him a home where localities more favorable to health, pure air, pure water and more evenly balanced climate, with surroundings of natural scenery and pleasurable diversions to the mind as well as comfort to the body. This is due him from the government in which he has been brought into the world. His life should be made as little of a burden as possible and he be enabled to fill his place in the world to the best advantage. It opens up a splendid field for broad philanthropic interest and may be made the excuse for political wire-pulling and the gratification of the politico-medicos who feel that if they cannot play medicine they can play politics.

Again, it is necessary for legislation to comprehend the true condition of the people and be impressed with the fact that there are other matters of more importance than great sanitariums. The White Plague can never be wiped out by isolation of the victims, nor fine sanitariums where gallons of milk are poured into their emaciated and woe-begone bodies. This may be called doctoring but it is neither sense nor science. It will give some employment and serve as pastime and gratify the po-



litico-medical superficiality that is growing very hungry for a little preferment.

Legislation must clear away the mist and see that the streams which flow into this river of life are purified in their source so that the issues of life may be untainted and not weakened. It is necessary to know the true condition of the consumptive. He has come into this world unbalanced. His internal machinery is in disharmony. It is not competent to appropriate and assimilate food, light, air and moisture which build up and sustain life. This is illustrated in a man who lived three score years and ten. Give him the benefit of climate, food, and science to assure every sanitary perfection. He dies? Nothing to build on. Worn out. The consumptive is born old. Worn out in the antecedent forces that begot him. He is older than many a man who is 60 or 70 years old. Less vitality to begin with. Therefore he is as incurable as old age. He is a menace to society; but only on the grounds of society being unhealthy and susceptible to invasion or rather to the quickening of the bacilla already waiting for a break in the system. But where there is sound bodily health there can be no infection and never has been; this is proven in tens of thousands of instances.

The object of medical men everywhere backed by intelligent legislation should be to eliminate causative factors which beget such ruin to humanity and increase the physical health of the people with power to resist tuberculous invasion from the slums up to the "400". The law should be as much interested in the progress of the people on a basis of health as in the improvement of domestic animals. Race building should be on the line of quality and not quantity. The sea of rottenness that threatens to roll its billows of death over all civilizations is the response to the insane demand for quantity. There are marriages and marriages which are so criminal that race suicide would be a redemption.

The law can say "Thou shalt and thou shalt not." In the exercise of this prerogative it holds within itself the high ideal to which the race should endeavor to attain. But where the marriage of scrofulous, and tuberculous and those reeking with rottenness is permitted there cannot be the slightest hope of ever improving the general health of the people. The result will be as it has always been: the increased demands for asylums of the blind, the deaf and the dumb, the crippled and deformed, mere fragments of creation, adding large margins of taxation without any compensation to the government.



We have boards of health whose duty it is to look after the sanitary conditions of our cities, to inspect food and drink, to see that our dairies are free from disease producing germs and that our rivers are kept pure. We have committees appointed by health boards to keep a constant supervision over our schools, to examine children and report upon nasal and throat conditions, to examine their teeth and their eyesight, with a side glance at tuberculous tendencies.

Our present civilization is marked by its expenditure of millions for benevolent institutions and philanthropic purposes. We have great universities including all forms of education. Combinations of medical colleges to overwhelm the public. Weaving into one web all the branches of learning with a political intent, so that every movement in every direction will throw out a line for the majorities to pull themselves into political privilege. While it is patriotic and a matter of civic pride to rejoice in what contemplates the welfare of the people yet the threatening to have this weakened and neutralized by inordinate political greed creates a large margin of suspicion.

It is a sorry truth that the fundamental necessities to assure progressive better conditions have been thrown aside and neglected through all the ages.

The relation of the sexes in the bonds of marriage whether by church or state has been treated with indifference under every form of government and in every class of society. A very little thought will impress any unstultified mind that a proper sexual relationship is the foundation for all progressive civilization and cannot be pushed aside as a thing separate and apart from our sociological needs.

The law of electro-vital force applies to the marriage relation and is the same as seen everywhere in the kingdoms of nature. This law of electro-vital relationship was announced 60 years ago by Dr. Powell. He had observed that two persons married with the same temperaments, however robust, could only produce offspring, scrofulous, tuberculous, weak and short lived. And the truth of it is a matter of common observation in every city, country and community and in every day in the year. But narrow brained prejudice and bigotry passed it by. In the disregard of this fundamental law we have a perpetual increase of the scrofulous, tuberculous, weak and deformed.

Then finally, until this deeper law of electro-vital relationship is obeyed and enforced and the whole domain of sociological science is made practical all the bug hunting and the bacilla slaughtering, and attempted isolation will only have political significance and the race left to rot. If medical men



everywhere will unite to have legislation regulate marriages, preventing vicious factors from producing, putting the union of the sexes on the basis of intelligence and obedience to physiological law we will have an evolution of a superior race of men and women. Physical perfection, mental activity, longevity will be the rule and not the exception and though born into a world of millions of microbes, there will be no possible infection to shorten life and blast hope and consumption, or white plague, will have no resting place in the world.

### **NON-SPECIFIC URETHRITIS.**

**Almo De Monco, M. D., Los Angeles.**

Read before the Southern California Eclectic Medical Society.

Every discharge from the meatus urinarius does not mean that the possessor has a true gonorrhoea.

Other inflammatory conditions resemble the specific condition to a sufficient extent to make a mistake very probable, especially so to our interested patient.

The causes of discharge from the urethra are for convenience divided into two major classes—specific and non-specific. The vagina of the female and the fossa navicularis of the male are, as you know, the habitat of countless germs—staphylococci—diplococci et al, and discharges from such a vagina are often sufficiently acrid to set up an inflammatory condition of the male urethra.

The normal mucous membrane is proof against their invasion, but as soon as congestion and hypersecretion are present, a suitable culture media is produced and pus production takes place. A patient presents himself with no history of a suspicious intercourse but with a marked mucopurulent secretion—we have probably a case of simple urethritis—non-specific as I term it because the gonococci are absent. In such cases to plunge into strong injections, nauseous internal medications, will do more harm than good; many, very many such cases reach us, reach the office of the physician by way of the drug store route. We refer very often to women as bargain hunters, but experience has taught me that men seek out the drug stores for bargains, something cheap, quick and effective; if not the drug store, then some acquaintance stock prescription, kept on hand for such emergencies.

The first thing to do is to acquaint ourselves with the history of the case and exclude the possibility of some chronic lesion. Many an old case has come to the front long after the



possibility of infection was forgotten, of a mucous patch just within the meatus. Sometime the patch is farther back and the use of the speculum and reflected light become necessary to locate it. Other conditions, other causes, are sometimes present, such as tuberculosis but quite rare. As a rule, the infection is due to streptococci. The male with some slight lesion of the urethral mucosa is readily infected by the germs present in an otherwise clean vagina and within a few days he finds himself with a drop of "glairy" discharge which sticks together the lips of the meatus or has maybe a profuse flow of mucus. Now then there is blood on the face of the moon, for if by chance his conscience is clear, he suspects his wife and there is "trouble in the house", trouble which is utterly uncalled for. The physician is called in—charges are made vehemently and just as strongly denied. The physician must act as umpire and referee and if he has experience he will be most chary of giving expression to an opinion until by an examination of both man and discharge he has proven beyond a doubt the nature of the disease. If it be specific the gonococcus will be present. If that germ is not found he can without causing any mental reservation in himself, set the minds of both parties at rest.

Let me say that non-specific urethritis is quite common. And bear in mind that an old (latent) gonorrhea which was given to the wife in the first days of marriage may suddenly flame up under certain exciting causes—so that if the gonococci are found, it is not positive proof that the woman has been promiscuous. Mr. husband is simply gathering some sheaves of a delayed harvest. Thousands and tens of thousands of men marry while suffering from more or less of a gleet. How often has the wedding been postponed, my dear doctors, to your positive knowledge for this very reason? We all know that the gonococci are deposited at the first approach within the cervical canal, there to remain, possibly quiescent until some extra exciting cause permits or induces a more rapid propagation.

There may be immediately all the symptoms of acute gonorrheal infection in the young wife or months and even years may pass without any symptoms severe enough to attract especial notice. Something occurs then, over indulgence, for example, causing exacerbation, with the result that hubby, who has lost his "old gleet" becomes reinfected, at the same time the woman complains of smarting, burning and has a discharge, and the material necessary for a family row ending in the divorce court is there good and plenty. The disease reaches the physician late and may have spread in the female to the uterus, tubes, ovaries, etc., and the case belongs to the surgeon.

Contracted at the very start of married life belongs two-thirds of all cases of salpingitis.



Excluding then all cases of recently acquired and ordinary gonorrheal cases, the physician is to meet either a non-specific or a specific case, and in neither case need there have been any recent unchastity. The condition may be due to the presence of polypi; vegetation, or uncleanness in the female and to disease of the prostate, seminal vesicles or other glands opening into the canal in the male. In nearly all cases in the male a discharge at the meatus indicates urethral inflammation. The latter can exist, however, without any discharge being present at the meatus, this will be the case often when the deep urethra is involved. Then again in seminal vesiculitis there may be a profuse discharge and no urethral inflammation. In such a case the patient, he a decent and virtuous married man, all of a sudden, without just cause or reason, finds himself one fine morning with a urethral discharge, and this is the typical case in which the physician must gently carry the virtuous and innocent individual backward in memory to his salad days, softly inquire if possibly there was ever a time, possibly forgotten, when he had sought out some friend and asked the loan of his receipt, said receipt being secured at one time from some well known "clapp doctor" and kept as a sort of community property for emergency cases. This being allowed or not allowed, it is altogether possible that the discharge will prove to contain gonococci and if this be true the wife is also infected and both will or should have treatment. The woman may on examination present few, if any, symptoms aside from an inflamed cervix and the surrounding adnexae. Then on the other hand, the discharge afflicting the young gentleman when he searched so diligently for the friend with the community "receipt" may have been non-specific urethritis or a seminal vesiculitis due to excess and the young wife escaped infection the first week of marriage. Quite often, a short time after marriage, men find themselves with a discharge due simply to excess. Abstinence and general good care will cure very many such cases.

But the form of urethritis this paper is intended to deal with is that in which there is simply a pus infection; this may or may not be attended with itching, or pain near the meatus, little or severe pain in urination, usually there is some feeling of discomfort, usually there will be a drop of discharge or arising, but may require "milking" to discover, the meatus is "glued together" and upon examination the lesion will be found nine cases out of ten half inch within the meatus or in the fossa, the mucosa surrounding the infected spot will be red and usually the lips of the meatus will appear slightly 'poutty' and congested. A microscopical examination is always necessary of the discharge and the presence or absence of the gonococcus as-



certained. If absent assure the patient a speedy cure for this is the form of gonorrhoea which the young and unsophisticated "chappie" prefers to a bad cold. After having the patient urinate, with ordinary irrigator or a rubber tipped syringe wash out the urethra with a mild alkaline and astringent solution, then with the speculum's aid insulfate freely thymol iodide or any other good aseptic and drying powder. Boric acid used freely practically pack the urethra and urination avoided as long as possible, will usually act as a speedy cure. The discharge under this treatment should cease about the fourth day, but to accomplish this it is absolutely necessary that coitis be not attempted until the last vestige of discharge has disappeared.

When the lacuna magna is involved the discharge will continue despite your best efforts until this little pocket is cleared up, washed out and touched up with silver nitrate. An ordinary hypodermic with blunt needle answers the purpose very well. In non-specific urethritis as well as specific no application should be made until canal is cleared of all pus, etc. The bowels are to be kept free, all beers, wines, malts and highly nitrogenous food prohibited. Sexual excitement absolutely proscribed. In a few days' time your patient will pleasantly and cheerfully inform you he is well and will cease treatment provided the discharge is controlled. That is all that is necessary, stop the discharge and Mr. Ignoramus will call you blessed. This remark applies with especial force in all cases of specific urethritis, and the chappie goes forth leaving death and destruction in his wake to a greater extent than is dreamed of by those not engaged in gentito urinary practice. The French have a saying: "A clap commences; God knows when it will end." 1

### **TRICKS OF THE TRADE.**

**L. S. Downs, M. D., Galveston, Texas.**

Read Before the Texas Eclectic Medical Society.

Some of the erudite and hyperethical may become hysterical and throw a fit or two when they behold the caption of this article, but I am sure it will appeal to the good sense of every up to date Eclectic.

Ours may not be a trade, but one thing sure, our bread and butter comes by this route and every honorable means of augmenting our larder or bank account, is legitimate.

Facts I have learned by dint of hard work and long years of practice of my profession, belong to me just as much as the stocks and bonds of the banker or the goods on the tradesman's shelves, and to turn these experiences into dollars and cents for my own comfort and those dependent upon me, is not only my privilege but my supreme right.



Not that I would hide from my brother practitioner any therapeutical fact I have learned, but rather teach him to reap also a benefit from my toil and keep the dollar for his own pocket which too often goes to the till of the prescribing druggist or unscrupulous manufacturer of proprietary remedies. I prefer to use, whenever I can do so without compromising my patients or my own interests, my own remedies. This I find is not only good practice but good business. I find that patients who have confidence enough in me to employ me as their physician, prefer a medicine with my name upon it rather than P. D. and C. Lloyd Bros., or any local druggist. Some may ask how I know. I will tell you. Occasionally I write a prescription and the medicine fails to give the desired results, but a bottle from my shelves with my name upon it, does the work although it be identical. Again my patients tell me they prefer to have my remedies.

In nine cases out of ten, I prescribe the indicated specific but every physician knows that specifics act better after a good cathartic or laxative. In place of giving C. P. C., Lapactic or any other pill, I invariably give Dr. L. S. Downs' A. B. Tablets, an old formula of Podophyllin, Leptandria, Hydratis, Aloin and Capsicum. I have prescribed for twenty years and thousands of people use them continuously and when they want them they come to me for them for they cannot get them any other place. I put them up in a neat screw top bottle with an attractive label, telling just what they will do and they do it too. Now let me tell you another secret, my patrons like these little red tablets so well they recommend them to their neighbors and when they find they can't get them at the drug store, they come to me for them and many a good customer has come to me through these little pills. Is that commercialism? It is good common sense and the sooner the average practitioner learns it, the better it will be for the profession.

We are all aware that the specifics will not give prompt relief in pain and especially headaches, so I give the indicated sp. and my H. A. Tablet. It will stop the pain in a few minutes and the sp. cures my patient. In other words the tablet relieves the pain and the sp. removes the cause. I am sure I get better results than the doctor who gives only specifics or drug store remedies. I also get 25c in place of the druggist. I have my own antiperodio liniment and antiseptic powder.

The line of individual remedies might be extended but as we are specific medicationists, it is not policy to use too many auxiliary remedies so I prefer to use only those which we know to be real helps in curing disease. Our first aim in the practice of our profession is to cure our patients and the next aim is to get value for our services.



Now boys, for I am writing this for the young practitioner, for all these old therapeutical saints have schemes of their own, and if you notice they keep mighty still about them, let me give you a few pointers as to the best way to handle office patients. The first requisite is a well equipped office. You want a good chair, nice furniture, plenty of instruments, a good wall plate and a splendid apparatus for treating nose and throat affections. You need these not so much to cure your patients as to hold them until you can cure them with the proper remedies. It takes time to cure most chronic diseases and unless you are well equipped you can not interest them long enough to get permanent results.

Now I do not mean to intimate that there is no virtue in mechanical therapeutics for there is, but it is due mostly to the influence of the mind and without the proper medicine there can be no lasting effects. Most any Eclectic can cure all curable patients if he can interest them long enough to get the case thoroughly in hand. This is a good reason why it is policy to treat patients by the month. If you can hold your patient for a month you can either cure or benefit him to such extent that he is willing to stay till he is cured. Otherwise you give a patient a prescription, and many times they get little or no benefit and never return, especially strangers. Most people have more or less catarrh and if you are prepared to treat such troubles intelligently, it is a good plan to take them by the month.

I find all forms of electricity not only valuable therapeutical adjuncts, but they have good holding qualities, enabling the physician to keep his patients under observation sufficient time to establish a cure. This form of office practice is remunerative and the most desirable of the practice of medicine. I charge all the way from fifteen to fifty dollars a month according to the nature of the case and the ability of the patient to pay.

I get not less than a hundred dollars for every case of chronic appendicitis I treat and you can cure them all if you can keep them under observation sufficient time and use Eclectic methods. One word about the charging business. It is all wrong and I do not follow the routine plan of charging for the visit or by the mile. I charge in proportion to the severity of the case. Why should the surgeon get from two to four hundred dollars for a case of appendicitis and the doctor who cures by milder and safer methods not? Is it worth as much to cure a case of La Grippe or measles as diphtheria, pneumonia or some dangerous malignant disease? Charge according to the nature of the case just as surgeon or lawyer does. The experienced physician who has for a quarter of a century or more successfully treated the most formidable maladies deserves a



better compensation for his services than the average physician gets. But it is his own fault. People will pay just what you make your services worth. A few months ago I treated a severe case of heart disease. The woman was not expected to live for four days and the case caused me a great deal of anxiety but I finally succeeded in giving the patient relief and she made a rapid recovery. The gravity of the disease and the ability of the people to pay warranted me in charging them two hundred dollars.

If you cure a case of chronic appendicitis, heart disease or stomach trouble and bowel trouble or any other serious malady which the allopaths have tortured for years and could not cure, charge the limit and get your fee. I have more than a local reputation for curing appendicitis which I acquired by curing a few severe cases from various parts of the state, pronounced by their local physician incurable except by operation; and charging a good price for them.

One more trick for this time and I am through. Never by word or act reveal to your patient that they are dangerously sick. If you do, ten chances to one, you will lose them or fail to give them any relief. One half of all disease is above the ears and to cure most people this part of the malady must first be removed and this is accomplished by suggestions from the doctor more than by medicines. Continually impress upon the mind of your patient that he is improving,— the tongue is clearing, has a more normal color and shape, eyes and skin are clearing, pulse more regular and the heart beats more perfect—all of which any physician with an ounce of gray matter can truthfully suggest, unless you have a hopeless case, where it is usually the best policy to tell the truth to either the patient or his friends.

Do not be so ethical as to ignore the tricks of the trade and allow some little two by four osteopath with a thimble full of brains to steal your patients and cure them too with his sleight of hand performances.

### TO AN INFANT.

G. W. Harvey, M. D., Big Pine, California.

Behold this verity of creation! See the poll,  
Now of ethereal spirit full;  
This throbbing crown is life's retreat,  
'Twill soon be thought's mysterious seat.  
Will thoughts of virtue fill this pate,  
Or dreams of sin and pleasure ever sate,  
Until the glow of love, and blanching fear,  
Have passed, and left no mark of passion here?



This absent eye, now beaming bright,  
Has just been opened to the light.  
If, when it ope to active life,  
For good and honor be its strife,  
If it with no evil ever gleam,  
But always in truth and kindness beam,  
This eye shall shine forever bright,  
When earth and sin are sunk in night.

Beneath this eye is the tripping tongue,  
In the purest innocence now 'tis hung;  
And if in truth 'tis always found,  
And where it can not laud, is bound;  
If in honor's cause it always speak,  
And never into falsehood sneak,  
Then shall this tongue be eloquent,  
When Father Time all time has spent.

Say, will these fingers work for bread,  
Or shine with envied gems instead?  
And could we sure the future show,  
What little good to them to know;  
For, if the way of Truth they learn,  
And sin and folly always spurn,  
These hands shall claim a richer meed  
Than all who wait on wealth or greed.

These tiny feet will soon be shod,  
No paths of evil have they trod;  
If from the ways of sin they flee,  
And sad afflictions' sorrow see;  
If the bribe of guilty graft's disdained,  
And home in Virtue's cot they're chained;  
These feet shall tread the halls of day,  
When all that's evil has been purged away.

If all these members as a whole,  
United in one mortal soul,  
Flee all the sins of pride and lust,  
And consort only with the just;  
If charity's the rule of life,  
Instead of bickerings, envy and strife,  
Then will this soul immortal be,  
And spend in bliss eternity.



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## SYSTEM—THE VITAL ELEMENT IN THERAPEUTICS.

A century ago every physician believed that **he was a physician** in order that **he might cure** a man when he was sick, and he believed that this could be done with **medicine**. There was no Science in the application of drugs by the total profession, and consequently the failures ultimately resulted in doubt. Later surgery developed, and then every measure was taken to make **surgery cure disease**, and for nearly fifty years no study was made of Therapeutics that was at all commensurate with the importance of this branch of medicine.

The work done in surgery has been essentially important, but the enormous truths of Therapeutics are yet by the mass of the profession untouched. It seems to be as clear as day to those of us who study Therapeutics, that the practice of medicine as a profession **has no right to an existence** if it does not consider the means by which the sick are relieved—are restored to health—by which disease is overcome. What can the profession accomplish by failing to thoroughly, persistently, systematically and scientifically study the action of drugs? No gain, all loss.



Psychic Therapeutics is only one little branch of it. Physiologic Therapeutics, with all it includes of prevention and nature's methods, is only another little side show. A **System** is demanded—a correct, exact, rational, scientific System, based upon correct underlying processes and developed by exact study and correct methods. This System must include in a correctly adjusted manner all other methods, being each in its exact place, using each only where exactly and correctly indicated, and giving drugs full place in Therapeutics, especially the **rational organic remedies** that act in perfect harmony with the normal processes of the body. This we are working for. This, developed, is our System.

ELLINGWOOD.

**"606"—SALVARSAN—ARSENOBENZOL.**

A few months ago there was introduced to the medical profession, and laity as well, a new remedy which, it was stated in the most positive terms, would cure Syphilis. Prof. Paul Erlich, a German of the ultra scientific sect, was the inventor and his friends proclaimed him the savior of mankind, etc, etc. All of which was doubtless most gratifying to the recipient, and it did not cost our honored profession anything except an augmented reputation for asininity. The method of using this new patented specific is to inject one large overwhelming dose which kills the germs outright and **presto**, the patient is cured of his disease.

This idea of curing a man by casting out the particular devil which possesses him is of great antiquity, but its practical application is **nil** except as relates to animal parasites, a fact long recognized and quite well known to all physicians except those observed by the so called scientific spirit.

Twenty odd years ago another but equally great scientist invented an equally potent remedy which was an equally sure cure for an equally intractable disease. His name was Prof. Robt. Koch and the disease said to be cured over night was tuberculosis. He also was called the savior of mankind, and his remedy also paid a royalty to the inventor. In short the formerly successful methods of milking the public were exactly repeated. Furthermore the perpetrators in both instances were members of the ultra scientific school and Germans at that. We are reminded of the saying that any successful fraud can be worked on each succeeding generation. Is it not about time, my German friends, that you reform your professional and financial morals?



Upon the introduction of "606" we printed articles giving what was **then** claimed for the remedy, but at the same time advised our readers to let it alone. In this connection we print what is **now** claimed for the remedy, but we deem advice superfluous. However the article is well worth reading.

### **SALVARSAN ("606") IN SYPHILIS; A CRITICISM.**

By C. F. Marshall, M. Sc., M. D., F. R. C. S.

London, England.

After passing through successive periods of use, abuse, and unmerited condemnation, the mercurial treatment of syphilis was eventually established on a sound basis by the labors of Alfred Fournier and Jonathan Hutchinson. It is to these two eminent syphilologists that the modern treatment of syphilis by prolonged administration of mercury is chiefly due. Favored with unrivaled clinical material, and blessed with an unusual span of active life, they have been enabled to prove the truth of the doctrines they taught, and have shown that the chief safeguard against the disastrous after effects of syphilis is mercurial treatment prolonged for several years.

Having gradually assimilated this doctrine, the medical profession was suddenly startled by the announcement that a new drug had been invented which was to cure syphilis at one coup, render prolonged mercurial treatment unnecessary, and eventually banish the disease from the face of the earth! This new drug is an organic preparation of arsenic, with the chemical composition of dioxydiamidoarsenobenzol, and the pseudonym of "606". In spite of the fact that somewhat similar organic preparations of arsenic—atoxyl and arsacetin—had been tried and found, not only wanting, but actually dangerous, the new panacea was received with an impetuous outburst of acclamation totally foreign to the true scientific spirit. The accumulated knowledge of centuries was to be ignored, mercury was to be put on the shelf, and syphilis was to be cured by one or two injections of a new preparation of admittedly unstable composition, which had not yet passed the experimental stage! In fact, we were confronted with the amazing and unedifying spectacle of members of a learned profession, who should be the first to warn the public against placing undue reliance on newly invented "cures," themselves accepting a new drug as a cure for syphilis on the strength of experiments which had been carried out only for a few months, thus exhibiting the same credulity which they condemn in their patients! As Professor Finger (1) has pointed out, it would take ten



years before the effect of any new drug could be ascertained in such a disease as syphilis.

In case of a disease like cancer there is some excuse, if not reason, for trying all kinds of new remedies; but in the case of syphilis, a disease which is peculiarly amenable to remedies which have proved their value, there is neither excuse nor reason, unless a new drug can be proved to have a greater curative effect than mercury. So far no such drug has been found.

However, as the inventor of salvarsan bears a name which is highly honored in the annals of experimental medicine, it is necessary to consider in detail the claims which have been made for this new preparation.

It was originally claimed for salvarsan: 1, that it cured syphilis, and that a single injection might effect an abortive cure in the early stages of the disease; 2, that its healing effect was far more rapid than that of mercury and iodides; 3, that it was especially useful in cases of malignant syphilis and in cases resistant to or intolerant of mercury.

Let us see whether any of these claims hold good.

1. The arguments urged in favor of the cure of syphilis, especially the abortive cure, were: 1, The disappearance of spirochaetae from superficial lesions; 2, the absence of relapses; 3, successful reinoculation with syphilis after treatment; 4, the effect on the Wassermann reaction.

The weak points in these arguments are as follows:

(a) Because spirochaetae disappear from superficial lesions after treatment with arsenobenzol, it does not follow that they are dead; still less does it follow that all the spirochaetae in the body have been killed.

(b) As regards relapses, the earlier results were published before relapses had time to occur. Since then relapses have been found to be common. Lieven (2), some months ago, found the relapses among cases treated at Berlin (the stronghold of "606" treatment) to be thirty or forty per cent., and it is more than probable that the figure is now much higher. According to Levy-Bing (3), who has recently published the results of six months' experience with intramuscular injections at the Saint Lazare Hospital, Paris, relapses are not only more common, but also more severe than after mercurial treatment.

(c) The fact of positive reinoculation with syphilis in a syphilitic subject was, till recently, accepted as positive proof of the cure of the first infection. Neisser (4), as the result of positive reinoculation of syphilitic apes, after treatment with the new arsenical compounds, including salvarsan, concluded that these drugs cured syphilis. Several syphilitic apes were



injected with arsenobenzol at various periods after the healing of the primary chancre; a month later they were reinoculated with human syphilitic virus, with the result that another primary chancre developed in several of the animals. Therefore, it was argued that the first infection had been cured.

However, in the light of recent observations, it appears that such a conclusion is based on faulty premises, and the fact of positive reinoculation cannot be accepted as proof of the first infection being cured. Queyrat (5) showed that a patient with a primary syphilitic chancre could be successfully reinoculated up to the eleventh day after the first appearance of the chancre. More recently, Pinard (6), by inoculation into subcutaneous pockets, has extended the period to thirty-one days. Finger and Landsteiner (7) showed by experiment that the majority of syphilitics react in a specific manner to the virus in proportion to the quantity of this introduced into subcutaneous pockets. These observers remarked that a syphilitic subject who suffered from recurrent lesions due to his own endogenous spirochaetae might also contract lesions due to exogenous spirochaetae during the same period of time. This is supported also by clinical evidence. Magian (8) has reported the case of a patient who contracted a primary chancre and secondary syphilis while still under treatment for tertiary syphilis due to infection two years previously. Immunity in syphilis is, therefore, relative and not absolute, and reinoculation is not necessarily a proof of cure.

(d) With regard to the effect of salvarsan on the Wassermann reaction, there is considerable disparity in the results of different observers, but it seems that it is less effective in transforming a positive into a negative reaction than intensive mercurial treatment. In any case, considering that the intimate nature of this reaction is still unknown, it appears hardly logical to accept the transformation of a positive into a negative Wassermann reaction as evidence of the efficacy of any form of treatment.

In short, the arguments brought forward in favor of salvarsan effecting a cure of syphilis, abortive or otherwise, are based on faulty premises.

2. As regards the rapidity of the healing effect of salvarsan, the earlier observers described this in exaggerated terms—marvelous, dumfounding, etc. Obsessed by their enthusiasm for the new drug they appeared to have forgotten that it is quite a common thing for syphilitic lesions to heal under mercury and iodides with a rapidity which we might call marvelous if we were not so familiar with it.



More recent and less biased observers do not seem to have discovered anything in the healing effect of salvarsan which would justify such extravagant descriptions. Thus, Professor Gaucher (9) at the Saint Louis Hospital, Paris, found that there are some cases which resist the action of salvarsan, others which heal with the same rapidity as under salvarsan, others again which heal more rapidly; but the latter are superficial ulcers and mucous patches which are easily healed by mercury. Gottheil (10), of New York, says, "its immediate effect may be better in some cases than that of mercury; in others it is slower and less certain; in some cases it fails." Levy-Bing (11), at the Saint Lazare Hospital, Paris, found that the effect of salvarsan (by intramuscular injection) was not superior to that obtained by soluble injections of mercury. Lieven (12) of Aix-la-Chapelle, says the action of salvarsan is no quicker than that of calomel injections.

The results of these eminent syphilologists are sufficient to show that the reports of the earlier observers were exaggerated. It is also noteworthy that the degree of enthusiasm seems to be inversely proportional to practical experience with the disease. Many of the more optimistic workers have had little practical experience with syphilis, while the more experienced syphilologists are more reserved in their opinions.

3. With regard to malignant syphilis, it is astonishing what a number of cases were suddenly discovered after the introduction of salvarsan! As a matter of fact, malignant syphilis is nowadays decidedly uncommon. The term malignant syphilis has been applied rather indiscriminately to various severe forms of syphilis, but it is better to adopt Lesser's definition and reserve the term for cases in which the usual secondary period is absent or very short, and which are characterized by the early appearance of ulcerations of the skin and mucous membranes, which differ from ordinary tertiary ulcerations in their circular instead of serpiginous form, and in their wider distribution. Buschke (13) distinguishes four forms of malignant syphilis: (a) Cases which hardly require specific treatment, and end in recovery with stimulating and nourishing general treatment; (b) cases which react to mercury and iodides like ordinary syphilis; (c) cases which react to intensive mercurial treatment, especially calomel injections; (d) cases which resist mercury and iodides, but show improvement under mild arsenical treatment. The latter cases are rare, and Buschke would have recourse to salvarsan only in the very rare cases which do not react to any of the foregoing forms



of treatment. This reduces the indications for salvarsan in cases of malignant syphilis to a very low figure. Another interesting point mentioned by Buschke is the absence of spirochaetae in the lesions of malignant syphilis. This, as he points out, seems to indicate that the action of salvarsan is not parasitotropic, as Ehrlich thought, but organotropic like that of mercury and iodides.

Next, with regard to the cases said to be resistant to or tolerant of mercury: Here again it is remarkable what a number of such cases suddenly appeared after the invention of salvarsan! One is inclined to ask what kind of mercurial treatment was tried. In my experience there are very few cases which cannot be made to yield to judicious combinations and variations of mercury and iodides. Failure is often due to the adoption of routine methods. As Sir Jonathan Hutchinson (14) has recently remarked, "but little has been alleged respecting the new remedy which is not equally true of mercury and the iodides when properly and boldly used." In short, the introduction of salvarsan has led to the appearance of two spurious epidemics, one of malignant syphilis, another of cases which resist the action of mercury!

In congenital syphilis the results of treatment by salvarsan are even less convincing than in the acquired disease. It is true that successful results have been recorded in some of the late manifestations of hereditary syphilis, such as interstitial keratitis, and in some cases of infantile syphilis; but relapses and failures have been common, and several deaths have been recorded, especially in infants injected with the drug.

Indirect treatment of the suckling infant by injection of the mother has been tried by several observers, and cases in which the symptoms disappeared in the infant have been reported by Duhot (15), Taege (16), and Sequeira (17). However, failures necessitating recourse to mercurial treatment have been recorded by Jeanselme (18) and others, and death of the infant after such treatment has been reported by Kakels (19) and Peiser (20). It was at first stated that no arsenic was present in the milk and the effect on the infant was attributed to an antitoxine formed in the mother as the result of the injection of salvarsan and excreted in the milk. More recently, however, arsenic has been said to be present in the milk.

Death of the infant after direct injection of salvarsan was said to be due to the sudden liberation of endotoxines from the spirochaetae killed by the drug. This is a purely theoretical assumption; it is more probable that the infants died of arsenical poisoning or shock.



The true test of the efficacy of a drug in the treatment of syphilis is its preventive action against the subsequent development of tertiary and parasyphilitic manifestations, and against transmission of the disease to the offspring. In the case of salvarsan the time is too short for any evidence of a preventive action against tertiary and parasyphilitic phenomena, and, so far, there is no evidence to show that it has a preventive action on hereditary syphilis. In the case of mercury, however, Fournier's statistics have shown that the percentage of tertiary and parasyphilitic affections is far lower in cases which have received proper mercurial treatment than in those which have had little or no mercury, and the action of mercury in preventing transmission of the disease to the offspring has been demonstrated repeatedly.

I think it is clear from these considerations that the original claims for salvarsan have not been substantiated, that there is no evidence to show that it cures syphilis, and that it cannot replace mercury in the treatment of this disease. Salvarsan may cure the symptoms temporarily in certain cases, but it does not cure the disease.

The question still remains whether salvarsan is of use as an accessory drug. Many of the more recent investigators, recognizing the fact that syphilis cannot be cured by salvarsan alone, now advocate combined treatment with mercury.

Arsenic, especially in the form of Donovan's solution, has long been known as a useful accessory drug in the treatment of syphilis. But, if the organic preparations of arsenic, such as salvarsan, have fallen from their high estate to the subsidiary position of accessory drugs, why should the older arsenical preparations, which are safe and of proved value, be replaced by preparations which are dangerous, owing to their unstable composition and the large quantity of arsenic which they contain?

#### **The Dangers of Salvarsan.**

A considerable number of deaths have been recorded after treatment by salvarsan. It is also well known that other deaths have occurred which have not been recorded. Some deaths are said to have occurred in cases which were hopeless, others are excused on account of faulty technique (such as intravenous injection of insoluble preparations). Faulty technique is inexcusable; the technique should be perfected before the drug is tried on human beings.

With regard to the question of optic atrophy, which led to the abandonment of atoxyl and arsacetin, it does not appear quite clear whether this has yet resulted from salvarsan. A



case of optic atrophy after injection of salvarsan has been reported (21), but as this patient had been previously treated with atoxyl, arsacetin, and enesol, it is not conclusive. Isaac (22) mentions two cases in which "blindness" resulted, and Starr (23) mentions the case of a tabetic patient who became almost totally blind six weeks after injection of salvarsan.

Ocular paralysis (24) and labyrinthine disturbance have been reported by Stern, Finger, and others, and Finger (25) considers that this neurotropic action of salvarsan contraindicates its use in the ordinary treatment of syphilis. Buschke (26) points out that deposits of salvarsan in the tissues are known to produce necrosis, as shown by the numerous cases of necrosis of the glutaei muscles, which have occurred after intramuscular injection. He thinks it possible that microscopic foci of necrosis may be produced in the internal organs after injection of the drug, and that these may predispose to further manifestations of visceral syphilis. In support of this view he mentions the tendency of syphilitic eruptions to appear in tattoo marks in the skin.

Symptoms of pulmonary embolism have occurred after intravenous injection of salvarsan, and a fatal case is mentioned by Mackintosh (27). Such cases were perhaps due to an insoluble preparation being used, and it is possible that the drug when used in solution may cause fewer accidents than when used in suspension. However, considering the unstable composition of the preparation, it by no means follows that the drug remains in a state of solution in the tissues of the body after injection.

Lastly, Sir Jonathan Hutchinson (28) has recently drawn attention to the possibility of salvarsan giving rise to arsenical cancer. In this event, the remedy would be truly worse than the disease.

#### Conclusion.

Even if the administration of salvarsan was free from dangers and inconveniences, there appear to be few indications for its employment in the treatment of syphilis, but the dangers and inconveniences seem to outweigh any possible benefit to be derived from it.

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- N. Y. Med. Jour.
- 21 St. John's Wood Park, N. W.

#### SOCIETY CALENDAR.

National Eclectic Medical Association meets in Louisville, Ky., June 20, 21, 22, 23, 1911. Dr. A. F. Stephens, St. Louis, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco, May 1912. H. Vandre, M. D., San Francisco, Cal., President; H. F. Scudder, M. D., Redlands, Cal., Secretary.

Southern California Eclectic Medical Association meets in Los Angeles on May 2, 1911. H. V. Brown, M. D., Los Angeles, President; Dr. W. J. Lawrence, Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. J. F. Barbrick, M.



D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

### **LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.**

The regular meeting of the Los Angeles Eclectic Society was held on August 1st, in the College Hall at eight o'clock. There was an unusually large attendance.

The minutes of the previous meeting were read and approved.

Upon being called upon, Dr. J. A. Munk gave a report of the National Meeting in Louisville, Ky. Dr. Holton also spoke on the trip to the National and both talks were exceedingly interesting, the latter being very comical.

Dr. Duncan presented the paper of the evening, entitled "Syphilis." This was discussed at some length by Drs. Munk, Holton and others. Mr. Alliot, of the South West Museum was present and related many interesting facts concerning Salvarsan, from the standpoint of the European Scientist.

The Society accepted the invitation of Dr. A. P. Baird to meet at his home, 1407 Manitonga Way, on the next regular meeting night, which will be September 5th.

Adjournment.

P. M. WELBOURN, Secretary.

J. F. BARBRICK, President.

### **STATE SOCIETY NEWS.**

San Francisco, Cal., Aug. 3, 1911.

My Dear Doctor—Greeting:

From our last meeting we have all reason for feeling delighted and encouraged. Our meeting was bright and crisp, pleasant and profitable. During the three days' session there was not an idle moment—in fact, some of the splendid work and very valuable papers, owing to lack of time had to be deferred and read by title, which we regretted very much, but the papers are to appear later in the California Medical Journal, when we will have the double pleasure of reading them over more carefully, as they certainly require thought and study so that we may deduct and apply their valuable principles correctly.

We would very much like to have you join the State and National if you are not already a member. In this way you would greatly assist and help strengthen the organization. There never was a more propitious time than the present for



the further development and advancement of our school and the cause of Eclecticism in California. If you decide to join write to the secretary.

We want you at our annual meetings to help assist the good cause along. Will you come? You will not regret the visit, I assure you. The change and relaxation from your labors will do you good. The exchange and interchange of thoughts the Vis a tergo or flow of human intelligence from one to another. Some ideas, points and suggestions picked up while here may more than repay you for the time spent and expense of your visit, besides the enjoyment of fellowship. The meeting of old and young college mates and acquaintances will cheer you up and cause a real rejuvenescence of us all. You will return to your labors feeling refreshed and better for having attended them, besides helping us perpetuate the spirit of the "Fathers," who, real reformers, introduced the American or Eclectic system of medicine nearly a century ago. Let us be loyal to them and faithful to the cause.

Yours fraternally,

H. VANDRE, M. D., President.

2935 San Jose Ave., San Francisco.

H. F. SCUDDER, Secretary, 125 Cajon St., Redlands, Cal.

#### COLLEGE NOTES AND OTHER ITEMS.

J. Fraser Barbrick, M. D.

PROF. HUBBARD'S WORK ON SURGERY:—which will be ready for distribution soon, will we feel be a much needed, distinctive, and valuable addition to Eclectic Medical and Surgical literature. It is with much pride that the California Eclectic Medical College hails the publication of this work by its able and popular Professor of Surgery. Knowing the author as we do and appreciating his practical methods and well deserved reputation for painstaking thoroughness, we predict for his book a widespread sale and popularity, not alone among Eclectics but among physicians of all schools. It will be available not only as a text book for our students but will, because of its original, practical and distinctive features, one of which is the treatment of surgical conditions with Specific remedies from the standpoint of Specific Diagnosis, be a most valuable book for the general practitioner.

An up-to-date Eclectic Surgery was greatly needed, and it is a pleasure to know a C. E. M. C. Professor was not only able but willing to supply that need.

THE FOLLOWING STUDENTS were present at the County meeting Aug. 1st; Cox, Stammers, Madison, De An-



gelis, Sasso and Sprehn. They passed both an enjoyable and profitable evening.

WHEN THE STUDENT BODY GATHERS this fall the members should ask Cox about the "chambermaid" and the "Statue of Venus." A joke on Coxie is always worth while, but these are rich.

THE OUTLOOK for the coming session is very encouraging indeed. The Dean tells me, from the inquiries and applications already received, he looks for an enrollment to the full capacity in all classes this year. With the addition of two new men to the faculty, Prof. Holman of Indiana, and Prof. Naughton of Massachusetts, every weak point in our teaching force has been overcome and students wishing to be prepared theoretically, practically, and thoroughly, for the practice of medicine, should carefully investigate and consider the advantages of the California Eclectic Medical College.

THE ALUMNI:—It seems to me the time has come to either resurrect and reorganize the old Alumni Association of our college or form a new one. The college needs at least the moral, and if possible the financial support of its Alumni; and its graduates need the benefits and privileges which would accrue from such an association. As a starter I have written a number of the older graduates and the replies have been encouraging. I would like to get a copy of the constitution and by-laws of the old Alumni, and if any member reading this should have a copy and would loan it to me for a while I would be very thankful to receive it and will guarantee its safe return. Also we would like to have the advice, assistance, and support of all graduates in this matter, and would be glad to hear from any of our men with suggestions along this line.

#### NEWS ITEMS.

Dr. H. Ford Scudder, Riverside, with his family is spending the summer at Coronado Beach.

Dr. O. C. Darling, Riverside, was in the city for a short time last month.

Dr. H. Scott Turner, Pomona, Dr. L. A. Perce, Long Beach, and Dr. Q. A. R. Holton, Whittier, were out-of-town members present at the last County meeting.

Miss Margaret Hanson, Pomona, has completed the three years' course in the Westlake Hospital Training School for Nurses and has been granted a diploma. A reception was ten-



dered Miss Hanson on August 9th, at the Nurses' Home, at which time a number of the friends of the nurses and of the hospital were entertained.

Dr. E. C. Bond, Phoenix, Arizona, paid us a call last month. The Doctor's family are spending the summer in Long Beach and he came over to visit them a few days.

Dr. and Mrs. H. C. Smith, Ainsworth, Nebraska, paid this office a pleasant call this past month. The Doctor is making quite an extended visit to the coast with the idea of looking up a new location, because of poor health.

Dr. E. Mather, Detroit, a short time ago was badly shaken up and his machine wrecked in a collision with a street car.

We have just learned of the death of Mr. Wyatt Stevenson by drowning on the day that his parents, Dr. and Mrs. E. H. Stevenson, returned from the National Convention. Mr. Stevenson was a druggist and was held in the highest esteem by his townspeople. The Journal extends sympathy to the bereaved family.

We are in receipt of the program of the First Annual Meeting of the American Cancer Research Society, which was held June 6 and 7 in the Hotel LaSalle, Chicago. The program would indicate an interesting meeting.

Dr. Geo. P. Gerichten, Janesville, Lassen Co., Cal., writes, "I intend leaving here after ten years, and want a good doctor to take hold where I leave off. Good country, good field, good people, good business, good collections. Nothing to sell."

#### ANNOUNCEMENT.

Practical Surgery, a volume of nearly nine hundred pages by B. Roswell Hubbard, M. D., Professor of Surgery in the California Eclectic Medical College, Los Angeles, will be off the press about September first. The subject matter is original and up to date. Unnecessary time and space has not been given to the description of surgical ailments, disputed theories being omitted. A distinctive feature of the book is the treatment of surgical conditions with specific remedies from the standpoint of specific diagnosis. Directions for the execution of operative work are clear and comprehensive. It is a work for the busy practitioner and the student will find within its pages definite advice that will aid him materially in his pursuit of surgical technic. The work is original and covers the



author's experience and observation in surgery during the period of thirty years, in general and hospital service.

Address all communications to

THE SEGNOGRAM PRESS,

600-603 Ferguson Bldg., Los Angeles, California.

Price \$5.00 net.

### BOOK REVIEWS.

**HYGIENE OF PREGNANCY** by E. S. Harris, M. D., Blue Springs, Mo. This is a little booklet of some thirty pages printed on book paper. Price ten cents per copy.

The purpose of this little booklet is to give information to the pregnant woman. They have proven a great help to the doctor in obstetric practice and many have found it most advantageous to buy these booklets in quantities and then to distribute them to their patients.

**HIERONYMUS FRACASTOR'S SYPHILIS, FROM THE ORIGINAL LATIN.** A translation in prose of Fracastor's immortal poem. Printed on hand-made imported paper; Library Binding. Crown Octavo. The Philmar Company, Medical Publishers, Fidelity Building, St. Louis, Mo., Price \$2.00.

This is a small volume of sixty pages, but a classic and very interesting. To Fracastor is due the credit of giving to this disease the name which has endured throughout many centuries. He gives a good clinical description of the symptoms of the disease, showing throughout the lines, his erudition, his keen appreciation of the importance of the subject as well as his mastery of the matter in hand.

This poem is filled with mythological allusions and is altogether a charming volume, and as such we recommend it.

**LITORA ALIENA.** By Medicus Peregrinus. From the Boston Medical and Surgical Journal. Octavo, 78 pages. Price 50 cents. W. M. Leonard, publisher, Boston, Mass.

This is a series of letters sent to the Boston Medical and Surgical Journal by one of its editors during a recent European trip. We do not recall having read a more charming and yet more instructive dissertation on the numerous places of interest that attract medical men to Europe than this little volume of 78 pages. Every line betokens the keen observation, the broad spirit and the culture of a well trained medical mind viewing foreign fields with open eyes, and delightfully recounting in choicest English the things that we, as medical people, delight to seek out.



**1000 SURGICAL SUGGESTIONS**, By Walter M. Brickner, B. S., M. D., Adjunct Surgeon Mount Sinai Hospital, Editor in Chief American Journal of Surgery, with the collaboration of James P. Warbasse, M. D., Harold Hays, M. D., Eli Moschcowitz, M. D., and Harold Neuhof, M. D. 225 Pages. Cloth Bound Semi-de Luxe \$1.00. Full de Luxe, Leather \$2.25. Surgery Publishing Company, 92 William Street, N. Y., U. S. A.

This is one of the biggest little books ever presented to the profession. In its 225 pages are found a collection of 1000 epigrammatic, succinct, virile and instructive hints based upon actual experience and everyone a lesson in itself.

The Suggestions are so arranged and indexed that all subjects covered can be immediately referred to and the particular hint upon any particular subject immediately found. It bristles with pointed and useful suggestions which in many cases might just turn the scale from failure to success. Its mechanical presentation is a feature worthy of mention. It is square cloth bound stamped in Gold, printed upon India Tint paper with Cheltenham type with special marginal side headings in red. A dollar could not be better invested than in the purchase of this book.

### READING NOTICES.

#### A PROMISING AGENT IN HAY FEVER.

Dr. J. E. Alberts, of The Hague, Holland, undoubtedly performed an important service when he directed the attention of the medical profession to his new combination for the treatment of vasomotor rhinitis. We refer to the combination now known as Anesthone Cream, which has heretofore been briefly noticed in these pages, and which contains one part of adrenalin chloride to twenty thousand (1:20,000), and ten per cent. of para-amido-ethyl-benzoate, and is marketed in the form of an ointment.

Applied to the mucous membrane of the nares, Anesthone Cream has a persistent anesthetic effect which affords marked relief in hay fever. As para-amido-ethyl-benzoate is only slightly soluble in aqueous fluids, its anesthetic action is prolonged. It does not have the poisonous effect of cocaine upon the protoplasmic element of cells, nor does it depress the heart. Furthermore, there is no tendency to "habit" acquirement.

The preparation came into considerable use during the hay-fever season last year, the consensus of opinion being that it affords a very practical and satisfactory means of relief from symptoms due to hyperesthesia of the nasal mucous mem-



brane, and without ill effects—an important consideration. The fact that the relief continues for several hours in some cases is worth remembering, in view of the fleeting effect of most local anesthetics.

Anesthone Cream is supplied in a collapsible tube with an elongated nozzle to facilitate its application to the nasal mucosa, a portion of the cream about the size of a pea being applied three or four times a day, as may be necessary. It is marketed by Parke, Davis & Co. Whether, as an agent in the treatment of hay fever, it will attain the vogue reached by some other preparations put out by the same company—notably Adrenalin Chloride Solution and Adrenalin Inhalant, which have been before the medical profession for a number of years and thus have the advantage which pertains to priority—remains to be seen. At any rate it is worthy of a fair chance, which, of course, in the long run it is certain to get.

#### **PROMPT RELIEF IN SCIATIC PAIN.**

In reporting his experience in the treatment of sciatica, Fred E. Davis, M. D., writes as follows in *Annals of Gynecology*: "I have been giving antikamnia and codeine tablets a thorough trial in the treatment of sciatica, and I must say that my success has been phenomenal, indeed. I have also induced two other physicians to give them a trial, and their success equals or surpasses my own. I meet with many cases of sciatica, and before adopting antikamnia and codeine tablets I used a great deal of opium and morphine to relieve the pain. Since then I have not given either. One of my patients had been confined to bed for three weeks during her last attack of sciatica. I prescribed one antikamnia and codeine tablet every four hours, and in forty-eight hours she was up and about and has not felt the pain since."

#### **WHEN THE NERVES ARE IN A RIOT.**

When the nerves are in a riot and the whiskey-laden patient sees green elephants turning handsprings on his bedposts—then is there clear indication for PASSIFLORA INCARNATA (Daniel's Concentrated Tincture). It will soothe the inflamed brain, quiet the quivering nerves and procure for the patient a deep, restoring sleep. PASSIFLORA INCARNATA (Daniel's Concentrated Tincture) is more potent than chloral and the bromides, and has none of their evil effects. A sample bottle sufficient for trial will be sent to any reputable

(Continued Page XII.)



## A DELIGHTFUL REVELATION

The value of Senna as a laxative is well known to the medical profession, but to the physician accustomed to the ordinary senna preparations, the gentle yet efficient action of the pure laxative principles correctly obtained and scientifically combined with a pleasant aromatic syrup of California figs is a delightful revelation, and in order that the name of the laxative combination may be more fully descriptive of it, we have added to the name Syrup of Figs "and Elixir of Senna," so that its full title now is "**Syrup of Figs and Elixir of Senna.**"

It is the same pleasant, gentle laxative, however, which for many years past physicians have entrusted to domestic use because of its non-irritant and non-debilitating character, its wide range of usefulness and its freedom from every objectionable quality. It is well and generally known that the component parts of Syrup of Figs and Elixir of Senna are as follows:

Syrup of California Figs	75 parts
Aromatic Elixir of Senna, manufactured by our original method, known to the California Fig Syrup Co. only	25 parts

Its production satisfied the demand of the profession for an elegant pharmaceutical laxative of agreeable quality and high standard, and it is, therefore, a scientific accomplishment of value, as our method ensures that perfect purity and uniformity of product required by the careful physician. It is a laxative which physicians may sanction for family use because its constituents are known to the profession and the remedy itself proven to be prompt and reliable in its action acceptable to the taste and never followed by the slightest debilitation.

### ITS ETHICAL CHARACTER.

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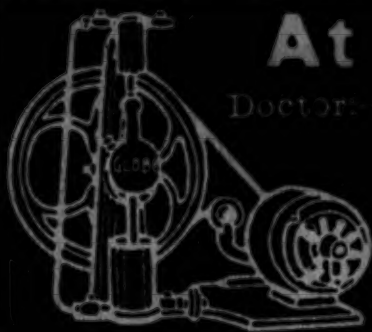
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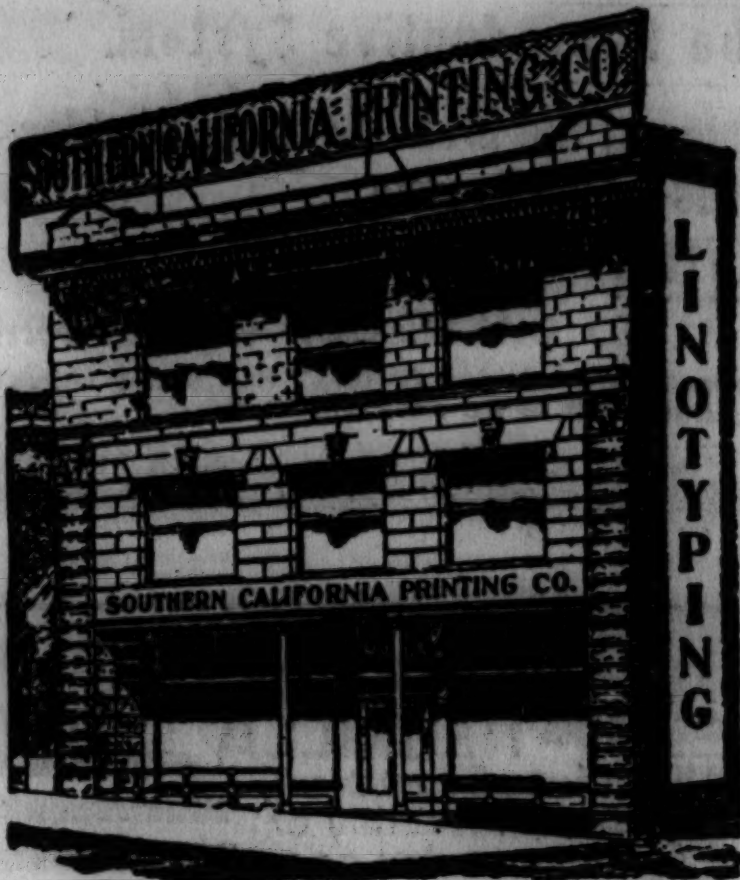
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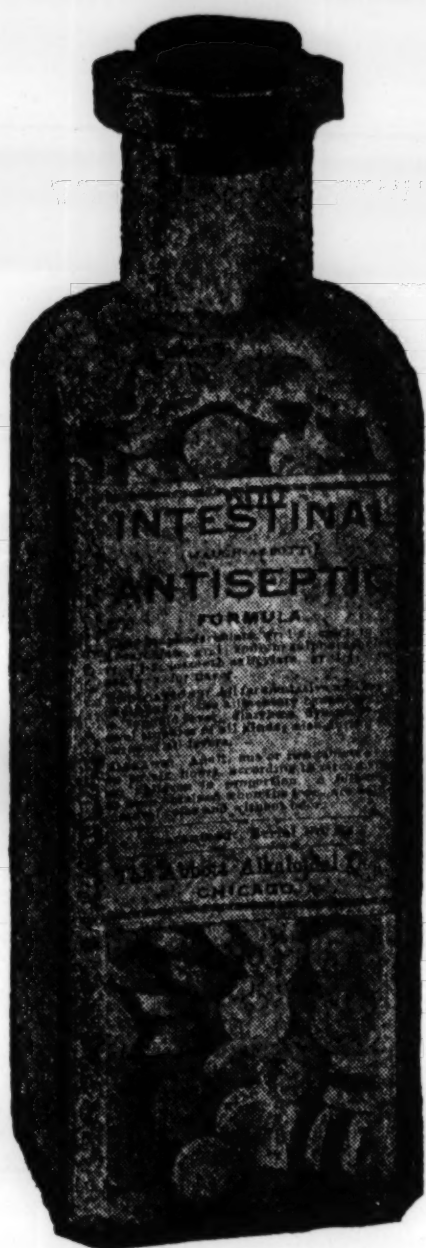
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